



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
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Voice/TTY (802) 241-2345  
To Report Adult Abuse: (800) 564-1612  
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December 23, 2011

Ms. Rosemary Mayhew, Administrator  
Bel Aire Center  
35 Bel Aire Drive  
Newport, VT 05855-4953

Provider #: 0104

Dear Ms. Mayhew:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 22, 2011**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, reading "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

PC:ne

Enclosure



## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DEC 23 11 Licensing and Protection	(X3) DATE SURVEY COMPLETED  <b>11/22/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEL AIRE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>35 BEL AIRE DRIVE NEWPORT, VT 05855</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced onsite re-licensure survey and complaint investigation were conducted by the Division of Licensing and Protection on 11/22/11. There were no findings related to the complaint investigation, the following findings are a result of the re-licensing survey.	R100		
R135 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.5 Assessment  5.7.b If a resident requires nursing overview or nursing care, the resident shall be assessed by a licensed nurse within fourteen days of admission to the home or the commencement of nursing services, using an assessment instrument provided by the licensing agency.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, 1 applicable resident in the survey sample (Resident #1) was not assessed by a licensed nurse within 14 days of admission. Findings include:  1. Per record review and confirmed by observation and resident interview on 11/22/11, Resident #1 experiences significant pain issues. This resident was admitted on 11/3/11 with a significant medical diagnosis list. There was no RAI (Resident Assessment Instrument) in the residents record or in the EMR (Electronic Medical Record). During interview that afternoon, the Administrator confirmed that there was no RAI for this resident available.	R135	Bel-Aire Residential Care Center provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. The Plan of Correction is prepared and executed solely because it is required by federal and state law.  <b>R 135</b>  Resident #1 assessment has been completed. An audit of all assessment dates has been done and calendar developed. Random Audits will be conducted by the Administrator or designee x3 months. Oversight by the administrator  R135 POC accepted 12/20/11 Claraway RM Pincot RN	11/20/11 C Ongoing

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

3CA011

TITLE

Administrator

(X6) DATE

12-21-11

If continuation sheet 1 of 4

Division of Licensing and Protection

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R145 R145 SS=E	<p>Continued From page 1</p> <p><b>V. RESIDENT CARE AND HOME SERVICES</b></p> <p>5.9.c (2)</p> <p>Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the Nurse failed to develop a comprehensive plan of care for each resident in the survey sample (Resident #1, Resident #2, Resident #3, and Resident #4). Findings include:</p> <p>1. Per record review on 11/22/11, there were pencil written plans of care for Resident's #1 through #4 available to guide staff in daily care needs. There was no Nurse signature or completion date on any care plan reviewed to indicate oversight of development, review, completion, and approval of these plans. During interview that afternoon, the Administrator confirmed that the care plans were not signed and dated.</p> <p>2. Per record review on 11/22/11, Resident #1 was identified as having significant pain, depression, loss of a spouse within the prior year, and an implanted cardiac pacemaker. The plan of care did not identify these issues, including interventions staff could employ to provide optimal assistance to the resident in maintaining independence and well-being. During interview that afternoon, the Administrator confirmed that</p>	R145 R145	<p><b>R 145</b></p> <p>CP for Resident #1-4 have been reviewed, updated, done in ink, and signed and dated by a licensed nurse. All residents CP have been done in ink, reviewed, updated and signed and dated by a licensed nurse. Random audits will be conducted by the Administrator or designee X 3 months, Oversight by the administrator.</p> <p><i>R145 POC accepted 12/20/11 Claraway RN Pincot RN</i></p>	<p><i>12-15-11 9 bnping</i></p>

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R145	Continued From page 2  the plan of care did not indicate interventions for staff to take to manage these issues.	R145		
R151 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.9.c (8)  Ensure that the resident's record documents any changes in a resident's condition;  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to ensure that the record of Resident #2 contained follow up documentation regarding a potential change in condition. Findings include:  1. Per record review on 11/22/11, Resident #2 was identified in a progress note on 8/21/11 with questionable perineal bleeding. There were no follow up notes indicating actions taken or monitoring of this possible condition. During interview at 2:15 PM, the Administrator confirmed that there was no follow up documentation concerning potential bleeding for this resident.	R151		
R175 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.h (3)  Residents who are capable of self-administration may choose to store their own medications provided that the home is able to provide the resident with a secure storage space to prevent	R175	R 151  Resident # 2 has no further perineal bleeding since 8-21-11. MD progress note of 8/31/2011 acknowledges the above incident and indicated the occurrence was a one time incident. A communication to all PCA's in residential care has been done regarding follow up on out of the ordinary occurrences. Random audits of clinical progress notes will be conducted by the administrator or designee x3 months. Oversight by the administrator.  <i>R151 POC accepted 12/20/11 Claraway RN/ Pincotarn</i>	<i>8-21-11</i>

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R175	Continued From page 3  unauthorized access to the resident's medications. Whether or not the home is able to provide such a secured space must be explained to the resident on or before admission.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the home failed to assure that 1 applicable resident (Resident #2) in the survey sample retained medications for self administration in a secure storage space. Findings include:  1. Per record review on 11/22/11 and confirmed by staff, Resident #1 self administers medications. Staff prepare weekly prescribed medications in a pill minder and the resident manages them independently. The resident also manages over-the-counter medications independently and stores those with the prescribed medications. Per observation that afternoon, Resident #2's medications were stored in an unlocked nightstand in the resident's room. Per interview at the time observation, Resident #2 stated that the nightstand is the usual storage place for medications, that it does not lock, and that the door to the room is not locked when the resident is attending meals or functions nearby in the building.	R175	R 175  Resident # 2 medications have been placed in a locked drawer within the residents room. -- audit of all resident rooms done -- no other unsecured medications found,. Random audits will be conducted by Administrator or designee x 3 months. Oversight by the Administrator.  R175 POC accepted 12/20/11 Claraway RN/ Pincoturn	12-15-11